

**BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP**

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INTELLECTUAL PROPERTY LAW  
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LOS ANGELES, CA 90025

FACSIMILE: (714) 557-3347

**RECEIVED  
CENTRAL FAX CENTER****FACSIMILE COVER SHEET****FEB 18 2005**Deliver to: Duc Chi Ho, USPTOArt Group: 2665

Facsimile No.: 703 872-9306

Date: February 18, 2005

From: James Henry, Reg. No. 41,064Our Docket No.: 81862P125Number of pages 16 including this sheet.

Application No.: 09/322,708

Filing Date: 5/28/1999

Docket Due Date(s): 2/19/2005

Enclosed are the following documents:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Amendment: <u>After Final</u> ( <u>12</u> pgs) | <input type="checkbox"/> Issue Fee Transmittal                                    |
| <input type="checkbox"/> Appeal Brief ( <u>    </u> pgs)                           | <input type="checkbox"/> Notice of Appeal   |
| <input type="checkbox"/> Application: <u>                                </u>      | <input type="checkbox"/> Petition for: <u>                                </u>    |
| ( <u>    </u> pgs) w/cover & abstract)   | <input type="checkbox"/> Request for Continued Examination (RCE)                  |
| <input type="checkbox"/> Assignment & Cover Sheet ( <u>    </u> pgs)               | <input type="checkbox"/> Reply Brief ( <u>    </u> pgs)                           |
| <input checked="" type="checkbox"/> Certificate of Facsimile                       | <input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i)     |
| <input type="checkbox"/> Continued Prosecution Application (CPA)                   | <input type="checkbox"/> Request to Rescind Previous Nonpublication Request       |
| <input type="checkbox"/> Declaration & POA ( <u>    </u> pgs)                      | <input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter |
| <input type="checkbox"/> Drawings: <u>    </u> sheets, <u>    </u> figures         | <input type="checkbox"/> Response to Written Opinion ( <u>    </u> pgs)           |
| <input type="checkbox"/> Extension of Time:  | <input type="checkbox"/> Terminal Disclaimer                                      |
| <input checked="" type="checkbox"/> Fee Transmittal (in duplicate)                 | <input type="checkbox"/> Transmittal of Publication Fee Due                       |
| <input type="checkbox"/> IDS & PTO/SB/08 ( <u>    </u> pgs)                        | <input checked="" type="checkbox"/> Transmittal Letter                            |
| <input type="checkbox"/> Other <u>                                </u>             |   |

**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8A)**

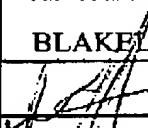
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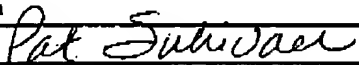
Pat Sullivan  
Pat Sullivan02/18/2005  
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application No.	09/322,708	<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b> <b>FEB 18 2005</b>
	Filing Date	May 28, 1999	
	First Named Inventor	Kirk D. Sanders	
	Art Unit	2665	
	Examiner Name	Duc Chi Ho	
Total Number of Pages in This Submission	16	Attorney Docket Number	81862P125

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form. <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Facsimile Transmittal Sheet</div>
<input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	James Henry, Reg. No. 41,064 <b>BLAKELY, SOKOLOFF, TAYLOR &amp; ZAFMAN LLP</b>
Signature	
Date	February 18, 2005


CERTIFICATE OF MAILING/TRANSMISSION			
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Typed or printed name	Pat Sullivan		
Signature		Date	February 18, 2005

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wk) 08/04/2004.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

<b>FEE TRANSMITTAL for FY 2005</b> <small>Patent fees are subject to annual revision</small>		Complete if Known	
		Application Number	09/322,708
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	May 28, 1999
		First Named Inventor	Kirk D. Sanders
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 0.00		Examiner Name	Duc Chi Ho
		Art Unit	2665
		Attorney Docket No.	81862P125

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor &amp; Zafman LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. <input checked="" type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION</b>																																																																																																																	
<b>1. EXTRA CLAIM FEES</b>																																																																																																																	
Total Claims: 28 - 37* = 0 X 50.00 = \$0.00 Independent Claims: 6 - 8* = 0 X 200.00 = \$0.00 Multiple Dependent: _____	Extra Claims: 0 X 50.00 = \$0.00 Fee from below: 0 X 200.00 = \$0.00 Fee Paid: _____																																																																																																																
<table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>50</td> <td>2202</td> <td>25</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>200</td> <td>2201</td> <td>100</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>360</td> <td>2203</td> <td>180</td> <td>Multiple Dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>300</td> <td>2204</td> <td>150</td> <td>**Reissue Independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>300</td> <td>2205</td> <td>150</td> <td>**Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table>	Large Entity		Small Entity		Fee Description	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	50	2202	25	Claims in excess of 20	1201	200	2201	100	Independent claims in excess of 3	1203	360	2203	180	Multiple Dependent claim, if not paid	1204	300	2204	150	**Reissue Independent claims over original patent	1205	300	2205	150	**Reissue claims in excess of 20 and over original patent	**or number previously paid, if greater. For Reissues, see below <b>SUBTOTAL (1)</b> (\$) 0.00																																																																														
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<b>SUBMITTED BY</b>		Complete (if applicable)	
Name (Print/Type)	James Henry	Registration No. (Attorney/Agent)	41,064
Signature		Telephone	(714) 557-3800
		Date	02/18/05

Based on PRO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 12/15/2004  
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FEB 18 2005

Appl. No. 09/322,708  
Amdt. dated 02/18/2005  
Reply to Office Action of 11/19/2004

**RESPONSE UNDER 37 CFR § 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP 2665**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appl. No. : 09/322,708  
Applicant : Kirk Dow Sanders  
Filed : May 28, 1999  
TC/A.U. : 2665  
Examiner : Duc Chi Ho

Confirmation No. 8389

Docket No. : 81862.P125  
Customer No. : 8791

Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

**AMENDMENT**

Sir:

In response to the Office Action of 11/19/2004, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 11 of this paper.